HIV REPORTING UPDATE - DECEMBER 2006



On April 17, 2006, a new California law took effect, changing the way that HIV cases are reported. The new law requires that health care providers, laboratories, and local health departments (LHDs) report cases of HIV infection using patient names instead of coded identifiers. For more information about the new HIV reporting law, visit the California Department of Health Services, Office of AIDS (CDHS/OA) Web site at www.dhs.ca.gov/AIDS.

Monthly HIV/AIDS Statistics

On a monthly basis, OA disseminates summary statistics that describe the extent of California's HIV/AIDS epidemic. These routine surveillance reports are available on OA's Web site at www.dhs.ca.gov/AIDS/Statistics. Beginning in April 2006, the monthly HIV statistics published by OA reflect the number of HIV cases reported by name. For HIV statistics based on cases reported by non-name code, refer to surveillance reports published prior to April 2006, available on OA's Web site.

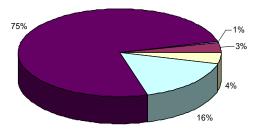
As of November 30. 2006, a total of 5,527 HIV cases have been reported by name to CDHS/OA. The net gain in cases for the month is largely attributed to a major increase in case reports from San Francisco County. Currently, a total of 29 LHDs submit HIV case reports by name, with the counties of Los Angeles, San Diego, and San Francisco representing more than 80 percent of the total cases reported.

Cumulative Name-Based HIV Cases Reported per Month. 2006

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Reporting Month	Total Cases	Net Gain
May	0	
June	40	40
July	132	92
August	598	466
September	1,752	1,154
October	2,798	1,046
November	5,527	2,729

Source: CDHS/OA, monthly surveillance reports, <u>www.dhs.ca.gov/AIDS/Statistics</u>.

Percent of Total Name-Based HIV Cases
Reported by LHD Groups



- 1 9 CASES REPORTED: AMADOR, COLUSA, LASSEN, NEVADA, PASADENA. SANTA BARBARA. TULARE, TUOLUMNE, YOLO
- 10 49 CASES REPORTED: BUTTE, FRESNO, HUMBOLDT, IMPERIAL, KERN, MADERA, MARIN, NAPA, STANISLAUS
- $\hfill \Box$ 50 99 CASES REPORTED: SAN JOAQUIN, SANTA CLARA, SONOMA
- ☐ 100 499 CASES REPORTED: LONG BEACH, RIVERSIDE, SACRAMENTO, SAN BERNARDINO, VENTURA
- 500+ CASES REPORTED: LOS ANGELES (EXCLUDES LONG BEACH AND PASADENA), SAN DIEGO, SAN FRANCISCO

Reauthorization of

the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act

The Ryan White Treatment Modernization Act (House of Representatives [HR] 6143), which recently passed the House and Senate and was signed by President Bush, will renew the CARE Act. This federal legislation, which was first enacted in 1990, provides essential funding for health care, pharmaceutical treatments, and support services for persons living with HIV/AIDS. These programs and services, which serve approximately 500,000 individuals each year, are intended for those who have inadequate or no health insurance coverage, and who would otherwise go without needed HIV/AIDS services. In a compromise reached by both houses, HR 6143 establishes a three-year reauthorization, extending the CARE Act's annual budget of \$2.1 billion per year for fiscal years 2007-2009. Under this bill, CARE Act formula grants will be based on the number of persons living with HIV or AIDS reported in a jurisdiction and certified by the Centers for Disease Control and Prevention. Previously, CARE Act funds were allocated based on the number of living AIDS cases only. California and other states that recently transitioned to name-based HIV reporting will receive funding based on a "discounted" number (or 95 percent) of estimated living HIV cases. The bill also limits the extent of funding cuts to jurisdictions currently receiving CARE Act formula grants. A "hold harmless" provision would ensure that all funded areas receive no less than 95 percent of the previous fiscal year's funds. Additionally, under a separate provision, areas that experience funding losses may apply for supplemental grants during the following